

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 1 2

2. STATE:

CO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2001

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.54

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ — (\$600,000)

b. FFY 2002 \$ — (\$700,000)

3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.18A, page 1

0. SUBJECT OF AMENDMENT:

Pharmaceutical copay change

1. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

as per Governor's letter dated 12-4-94

1. SIGNATURE OF STATE AGENCY OFFICIAL:

*Richard C. Allen*

2. TYPED NAME:

Richard C. Allen

3. TITLE: Director,  
Office of Medical Assistance

4. DATE SUBMITTED:

September 13, 2001

16. RETURN TO:

Colorado Department of Health Care Policy &  
Financing  
1575 Sherman  
Denver, Colorado 80203-1714

Attention: Karen Snell

(NOV. 14, 01)

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

DATE APPROVED

PLAN APPROVED BY

DATE OF APPROVAL

REMARKS

REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
a. Hospital outpatient visit			x	\$ 3.00 per visit
b. Physician home or office visit (M.D. or D.O.)			x	\$ 2.00 per visit
c. Clinic visit (Rural Health, FQHC, and Public Health			x	\$ 2.00 per visit
d. Brief, individual, group, and partial care community mental health center visits (except services which fall under Home and Community Based Service programs)			x	\$ 2.00 per visit
e. Pharmacy			x	\$ .75 per prescription or refill for all generic or multi-source drugs \$ 8.00 per prescription or refill for all single source or brand name drugs.
f. Optometrist visit			x	\$ 2.00 per visit
g. Podiatrist visit			x	\$ 2.00 per visit
h. Inpatient hospital visit			x	\$15.00 per stay (will be charged on discharge date)
i. Psychiatric services			x	\$ .50 per unit services (defined as 15 minute segments)

When the average or typical State payments for the above services are taken into consideration, all copayments were computed at a level to maximize the effectiveness without causing undue hardship on the recipients, assuring that they do not exceed the maximum permitted under 42 CFR 447.54.

TM No. 01-012

Supersedes

TN No. 94-026

Approval Date 11/14/01

Effective Date 07/01/2001

HCFA ID: 0053C/0061E